

Playfulness and Interaction: An Exploratory Study of Past and Current Exposure to Domestic Violence

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Abstract

Violence against women affects mother–child interactions, which may in turn affect their children’s playfulness. We examined the effect of a history of violence against mothers on mother–child interactions and children’s playfulness. This cross-sectional pilot study consisted of 36 mother–child dyads residing in family crisis shelters due to serious violence from an intimate partner. One subgroup had experienced violence during childhood, another had posttraumatic stress disorder (PTSD). Instruments included Posttraumatic Diagnostic Scale, Test of Playfulness, and Coding Interactive Behavior System. Mann–Whitney test and Spearman’s rank correlation coefficients were calculated. Results indicated that children of mothers without PTSD were more playful than children of mothers with PTSD. Mothers who had not reported of childhood exposure to violence and who did not have PTSD had better interactions with more playful children.

Keywords

mother–child relations, play, PTSD

Introduction

Violence is defined as any action that causes, or has the potential to cause, physical, sexual, or psychological injury and includes public or private threats (World Health Organization, 2002). Violence inflicted by an intimate partner may affect women physically, emotionally, socially, and financially. Many women who have experienced such violence have lower self-efficacy (Levendosky, Huth-Bocks, Shapiro, & Semel, 2003) and tend to represent themselves, as well as their infants, more negatively (Huth-Bocks, Levendosky, Theran, & Bogat, 2004). Violence against mothers may affect their parenting skills (e.g., Woods & Wineman, 2004) and, in turn, their children’s development (Valentino, Cicchetti, Toth, & Rogosch, 2006), thus affecting their participation in meaningful relationships.

Linking Violence, Mother–Child Interactions, and Children’s Play

While not true in all circumstances (Buchbinder, 2004; Letourneau, Fedic, & Willms, 2007), abused women demonstrate higher rates of aggression toward, and neglect of, their children (Banyard, Williams, & Siegel, 2003; Jones, Hughes, & Unterstaller, 2001). They may be less available emotionally (Levendosky, Lynch, & Graham-Bermann, 2000), be less responsive (Casanueva, Martin, Runyan, Barth, & Bradley, 2008), and have lower parental satisfaction (Banyard

et al., 2003). The consequences of violence inflicted by an intimate partner are often seen in poor mother–child interactions (Levendosky & Graham-Bermann, 2000a; Levendosky et al., 2003; Levendosky, Leahy, Bogat, Davidson, & Von Eye, 2006).

Violence inflicted by an intimate partner also may affect children in many ways: directly, as a result of injury caused by the abusive parent or witnessing violence between adults, or indirectly, through damage to the mother–child interaction (Levendosky et al., 2003; Osofsky, 2003). Maternal history of domestic violence may be expressed by children during play (or absence of play) with their mothers (Feldman, Keren, Gross-Rozval, & Tyano, 2004). Interactions between mothers and their young children provide a social infrastructure that mediates development and participation across domains (McGrath, Sullivan, & Seifer, 1998). Poor mother–child interactions, therefore, may have a negative effect on children’s play (Cooper, 2000).

Several authors (Keren, Feldman, Namdari-Weinbaum, Spitzer, & Tyano, 2005; Lindsey & Mize, 2000) have argued

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that cooperative play between mothers and children is a positive and significant contributor to emotional, social, and cognitive development. Children's use of symbols can be predicted by the type of creative/facilitative play in which they engage with their parents (Keren et al., 2005). Infants from abusive or neglectful families imitate more and pretend less during play and engage in fewer independent interactions with their parents than infants from non-abusive families (Valentino et al., 2006). Furthermore, maltreated children have been found to be less competent during peer interactions. These findings (Keren et al., 2005; Valentino et al., 2006) suggest an association between mother-child interactions and children's play skills.

Some women who were exposed to domestic violence throughout their lives develop posttraumatic stress disorder (PTSD; Schechter et al., 2005). Mothers with PTSD are at risk for all of the same difficulties experienced by any mother who has lived with an abusive partner, including negative parenting skills (Levendosky & Graham-Bermann, 2000a). However, mothers with PTSD are not necessarily the recipients of poor parenting. Having had good parental role models influences parenting skills and mother-child interactions. Some women may step up their intentional focus to compensate for the deficits experienced by prolonged exposure to traumatic events, such as childhood exposure to violence and being in an abusive relationship with current partner. By doing so, women may be able to provide attentive and affectionate care to their children (Levendosky & Graham-Bermann, 2000b).

Although several hypotheses have been proposed regarding the impact of PTSD on mother-child interactions (Lieberman, Van-Horn, & Ozer, 2005; Schechter et al., 2005), few researchers have investigated the effect of maternal PTSD on child development. The purpose of this pilot study was to examine two subgroups of these mothers: one group with a history of childhood abuse and one group with a history of PTSD.

Method

Participants

All participants had experienced recent violence in their relationships with their partners. These mothers experienced such grave danger from their partners that they had escaped to a shelter for protection, care, and interventions (Haj-Yahia & Cohen, 2009). The study sample consisted of 36 mother-child dyads who resided in family crisis shelters in Israel. The mothers ranged in age from 18 to 45 years ($M = 29.2$, $SD = 5.1$) and their children from 13 months to 5 years 11 months ($M = 32$ months, $SD = 13.94$). The study's inclusion criteria were that (a) the mother spoke Hebrew in a manner that enabled basic communication relating to the research (as some women were immigrants as can be inferred by their origin presented in Table 1) and that (b) the child did not have

Table 1. Participant Characteristics ($N = 37$).

Demographic variables	<i>n</i>	%
Child gender		
Female	23	62
Male	14	38
Mother education ^a		
No schooling	2	6
Elementary school	1	3
Grades 7-9	6	17
Grades 10-12	24	67
Post-secondary studies	3	8
Mother origin		
Israel	16	43
Russia	9	24
Ethiopia	9	24
United States	1	3
Turkey	1	3
India	1	3
Marital status		
Married	15	40
Separated	4	11
Divorced	8	22
Single	10	27
No. of children		
1	8	22
2	14	38
3	11	30
4 or more	4	11

^aFor statistical analysis of subgroups, $n = 36$.

any known neurological, developmental, or sensory dysfunction (e.g., cerebral palsy, autism, blindness or deafness).

Women who had more than one child in the age range completed the questionnaires in relation to the oldest child. Table 1 contains descriptive information about the mothers and children, based on self-report. Most (67%) of the women had 10 to 12 years of education, almost half were married, and 79% had more than 1 child. For 65% of the women, this was the first encounter with a shelter. Most (75%) of the children had witnessed violence between their parents, and 65% had received physical punishment characterized by excessive force from one or both parents (as reported by their mothers). Most ($\geq 75\%$) of the women had experienced social restriction; psychological, financial, or physical abuse; or abuse during pregnancy. Half reported sexual abuse in adulthood by their recent intimate partner.

Of the 36 women, 19 (51%) reported being exposed to violence during childhood (in addition to being exposed, currently, by their intimate partner), and 17 (46%) women were found to have PTSD (see Table 2). The childhood exposure and PTSD groups are overlapping groups, thus, 11(30.5%) women were found to have both, exposure to violence during childhood and PTSD, whereas 10 (28%) women had neither. Children of mothers who reported childhood exposure to

Table 2. Mother–Child Interaction and Child’s Playfulness by Subgroups.

	Playfulness ^a	Mother–child interaction ^b total
	M (SD)	M (SD)
Childhood exposure to violence (<i>n</i> = 19)	−0.04 (.58)	3.07 (.36)
Not exposed to violence during childhood (<i>n</i> = 17)	−0.07 (.58)	2.90 (.41)
PTSD (<i>n</i> = 17)	−0.24 (.57)	2.97 (.46)
No PTSD (<i>n</i> = 18)	0.12 (.54)	2.99 (.32)
Exposed to violence during childhood and PTSD (<i>n</i> = 11)	−0.24 (.65)	3.07 (.41)
Not exposed to violence during childhood and no PTSD (<i>n</i> = 10)	0.01 (.67)	2.94 (.35)

Note. PTSD = posttraumatic stress disorder.

^aPlayfulness = Test of Playfulness (ToP). ^bMother–child interaction = Coding Interactive Behavior (CIB).

violence were older ($M = 37$ months, $SD = 15.83$) than those of mothers who did not report of such exposure ($M = 26$ months, $SD = 8.82$). For the subgroups of women with and without PTSD, children’s ages were similar (PTSD, $M = 31$ months, $SD = 13.8$; non-PTSD, $M = 33$ months, $SD = 14.75$).

Instruments

Demographic questionnaire. This questionnaire was developed for the purpose of the study and includes demographic information related to the mother and her child: for example, mother’s education, number of children in the family, and exposure of the mother and her child to domestic violence at present and in the past. Regarding the women’s childhood exposure to domestic violence, we asked, “Were you exposed to domestic violence as a child?”

Posttraumatic Diagnostic Scale (PTDS). The PTDS (Foa, Cashman, Jaycox, & Perry, 1997) is a self-report diagnostic measure of PTSD. Respondents rate 17 symptoms (five relating to re-experiencing, seven to avoidance, and five to hyperarousal) on a 4-point scale representing the degree to which each symptom had bothered them in the previous month (0 = *not at all*; 3 = *five or more times a week*). Symptom severity, which ranges from 0 to 51, is calculated by summing the symptom scores. Data gathered with the PTDS demonstrated evidence for high internal consistency ($\alpha = .92$) and moderate test–retest reliability ($r = .74$). Agreement between the PTSD diagnosis obtained from the PTDS and a structured clinical interview has been reported at 82% (Foa et al., 1997).

Test of Playfulness (Version 4; ToP). The ToP (Bundy, 2003) is a standardized observation tool for use with children/adolescents 6 months to 18 years. Scores are based on 15-min observations in familiar play settings (Skard & Bundy, 2008). It views playfulness as a relatively stable personality characteristic that is expressed by the tendency to be involved in play activity. The ToP consists of 29 items that represent four core concepts: intrinsic motivation, internal control, freedom from unnecessary constraints of reality, and framing. The

items are scored on a 4-point (0 to 3) scale with respect to extent (proportion of time), intensity, or skillfulness; thus, high score on the ToP indicates greater playfulness of the child.

Psychometric properties of data gathered with the ToP have been investigated in various populations including children who are typically developing, representing a range of cultural and ethnic backgrounds, and those who live with a range of conditions or disabilities. *ToP* items have been found to have acceptable goodness of fit (93%–96%) to the expectations of the Rasch model (e.g., Griffith, 2000; Harkness & Bundy, 2001; Leipold & Bundy, 2000; Porter & Bundy, 2000). The ToP also has been found to differentiate between clinical and typically developing samples. Rater reliability has been reported to be high (93%–100% agreement; Hamm, 2006). In the present study, the three raters were calibrated to insure reliability using Rasch analysis by the second author. Coders were unaware of the study purpose.

Coding Interactive Behavior (CIB). The CIB (Feldman & Eidelman, 2005; Feldman et al., 2004; Feldman & Klein, 2003) is a global rating system for scoring 15-min observations of parent–infant/child interaction, the extent to which parent–child play interactions indicate a healthy relationship, during indoor play. The CIB has two versions depending on the age of the child: 2 to 36 months and 36 months to 6 years; both were used in the current study, depending on the child’s age. The CIB includes 46 items rated from 1 to 5 (a higher score indicates a healthier interaction); 21 relate to the mother, 16 to the child, and 9 to the dyadic interaction. The following categories are rated: Sensitivity, Intrusiveness, Limit setting, Involvement, Withdrawal, Compliance, Reciprocity, and Negative states. For each category, a mean score and a measure of internal consistency are calculated (R. Feldman, personal communication, January 4, 2010). Data collected with the CIB have been shown to be valid in numerous studies of healthy (Feldman & Klein, 2003) or at-risk infants (Feldman et al., 2004). Scores are sensitive to infant age, interacting partner, cultural background, and

Table 3. Correlations Between Mother–Child Interaction and Child’s Playfulness Among Women Who Were and Were Not Exposed to Violence During Childhood.

Mother–child interaction	Exposed to violence during childhood (<i>n</i> = 19)	Not exposed to violence during childhood (<i>n</i> = 17)
	Playfulness ^a	Playfulness ^a
CIB total	.04	.50*
Sensitivity	-.22	.42
Limit setting	.17	.62**
Involvement	-.01	.50*
Reciprocity	-.12	.45
Negative states	.16	-.26
CIB total	.04	.50*

Note. CIB = Coding Interactive Behavior.

^aPlayfulness = Test of Playfulness (ToP).

p* < .05. *p* < .01.

developmental risk conditions. Internal consistency is reported to be good to excellent (Cronbach’s $\alpha \geq .85$; Feldman & Eidelman, 2005; Feldman et al., 2004; Feldman & Klein, 2003). In this study, only Sensitivity, Limit setting, Involvement, Reciprocity, and Negative states had acceptable α values (over .65). Therefore, only these categories/composites were retained. A mean total score was calculated from the mean of the retained categories. According to previous researchers (Feldman & Eidelman, 2005; Feldman et al., 2004), high scores in non-clinic samples range from 3.5 to 4.3 in each category. The observations were coded by a psychologist trained in the CIB coding system and unaware of the study purpose.

Procedure

Permission for the study was obtained from the University Institutional Review Board (IRB). The organization in charge of the shelters granted permission to approach women who met the inclusion criteria. Mothers were provided with an explanation of the study and were asked to sign a consent form. Descriptive information was provided by the mothers during an interview conducted by the first author or a research assistant at the shelter. Following completion of the questionnaires, two 15-min observations of the mother and child were conducted during free play. The dyads were instructed to play as they usually do at home. All play sessions were videotaped.

Data Analyses

Means and standard deviations were calculated on each measure by subgroup including the overlapping groups were mothers had both reported of childhood exposure to violence and present PTSD and those who have neither. A Mann–Whitney test was carried out to detect group differences in relation to mother–child interactions (CIB) and children’s playfulness (ToP). Following that, Spearman’s rank correlation coefficients

were calculated to examine relationships among each measure by subgroup. Non-parametric analyses were calculated because of the small sample size and lack of normal distribution and were employed to main subgroups where the number of subjects was above 11. All analyses were calculated using SPSS 19.

Results

Means and standard deviations for CIB and ToP data by subgroup (women who were and were not exposed to violence during childhood; and women with and without PTSD) are presented in Table 2. Children of mothers without PTSD and who did not report childhood exposure to violence (*n* = 10) had the highest mean ToP score, and children of mothers with PTSD had the lowest mean ToP score. CIB mean scores for all four subgroups were similar. The Mann–Whitney analysis indicated significant differences in mean ToP scores of children depending on whether or not their mothers had PTSD ($z = -1.62, p = .05$), but no differences in CIB scores ($z = -.12, p > .45$). Furthermore, the presence of a maternal history of violence did not result in significant differences in mean ToP scores of children ($z = -.38, p = .35$) or in mean CIB scores ($z = -1.31, p = .1$).

Spearman’s rank correlation coefficients revealed that, in the subgroup where mothers had not experienced violence during childhood, children’s ToP scores correlated moderately and positively with CIB scores in several areas ($r = .50$ to $.62, p < .05$). However, in the subgroup where mothers reported experiencing violence in childhood, there were no significant correlations between CIB and ToP scores (see Table 3).

Similarly, in the subgroup where mothers had not experienced PTSD, there were significant moderate positive correlations between ToP scores and several CIB areas ($r = .47$ – $.58, p < .05$). However, in the subgroup where mothers had experienced PTSD, there were no significant correlations between ToP and CIB scores (see Table 4).

Table 4. Correlations Between Mother–Child Interaction and Child’s Playfulness Among Women With and Without PTSD.

Mother–child Interaction	Women with PTSD (n = 17)	Women with no PTSD (n = 18)
	Playfulness ^a	Playfulness ^a
CIB total	.08	.55**
Sensitivity	−.06	.51*
Limit setting	.22	.58*
Involvement	.11	.51*
Reciprocity	−.09	.47*
Negative states	.04	−.30

Note. PTSD = posttraumatic stress disorder; CIB = Coding Interactive Behavior.

^aPlayfulness = Test of Playfulness (ToP).

* $p < .05$. ** $p < .01$.

Discussion

The purpose of this pilot study was to examine the effects of maternal exposure to violence on the playfulness of their children. All of the mothers had experienced recent domestic violence, and the dyads were residing in a shelter. Some mothers also had a history of childhood abuse; some had evidence of PTSD.

PTSD was the factor that discriminated best among the subgroups. Children whose mothers had PTSD were significantly less playful than those whose mothers did not present evidence of PTSD. Moreover, while scores on the CIB, a measure of mother–child interaction, were not significantly lower than those of dyads where the mothers had not experienced PTSD, correlations between CIB scores and children’s ToP scores nonetheless suggest a negative influence of maternal trauma on children’s play.

In contrast, a maternal history of childhood violence exposure, even in combination with very recent domestic violence, had a much lesser effect on both mother–child interactions and child playfulness. Although tentative, these results may be a tribute to the resilience of the mothers. However, it is important to note that the mothers in this study had sought the protection of a shelter, another possible indicator of resilience. Such mothers may be different from others with similar histories who do not seek assistance.

In summary, our findings support those of previous researchers who reported that maternal PTSD and prolonged exposure to abuse may affect mother–child interactions and children’s play development (Keren et al., 2005; Levendosky & Graham-Bermann, 2000a; Levendosky et al., 2003; Levendosky et al., 2006). However, to our knowledge, no previous studies have examined playfulness (i.e., the approach to play and other activity) in children of mothers exposed to severe intimate partner violence. In dyads where mothers had not experienced either PTSD or childhood exposure to violence, we found that better interactions existed among dyads with more playful children, supporting an assumption that both children and mothers contribute significantly to the quality of their interactions and illustrating

the heterogeneity of mothers who have experienced recent exposure to violence. Moreover, our findings demonstrated how maternal history of abuse and current evidence of PTSD might make a difference in child’s play, and mother–child play interactions, thus, may draw for clinicians’ attention and sensitivity to such information to guide their prospective intervention to these meaningful occupations.

Study limitations may be attributed to the lack of a comparison group of non-abused dyads; thus, the results should be considered with caution. Further research with a larger sample and with non-abused dyads is highly recommended. Nevertheless, this is a unique inquiry into the relationships between mother–child interactions and children’s playfulness among victims of domestic violence demonstrating that maternal PTSD and childhood exposure to violence may affect mother–child interactions and children’s play development. Future research should consider the presence of PTSD and lifelong exposure to violence to develop optimal interventions to promote mother–child interactions.

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Authors’ Note

During data collection, Dr. Waldman-Levi worked as a freelancer at the Shletes of abused women in Israel.

Declaration of Conflicting Interests

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